Initial Approval: July 26, 2017
Revised Date: October 11, 2017

CRITERIA FOR PRIOR AUTHORIZATION

Lynparza™ (olaparib)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Olaparib (Lynparza™)

CRITERIA FOR APPROVAL (must meet all of the following):

- Patient must have one of the following:
  - Diagnosis of advanced ovarian cancer (tablets or capsules)
    - Patient must have a deleterious or suspected deleterious germline BRCA-mutation (as detected by an approved test)
    - Patient must have been treated with 3 or more prior lines of chemotherapy
  - Diagnosis of recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer for maintenance therapy (tablets only)
    - Patient must be in a complete or partial response to platinum-based chemotherapy
- Must be prescribed by or in consultation with an oncologist
- Patient must be 18 years of age or older
- Patient must not be pregnant or breastfeeding and be advised to not become pregnant for at least 1 month after the last dose
- Patient must be taking olaparib as monotherapy

LENGTH OF APPROVAL: 12 months

Notes:

- For capsules: The recommended dose is 400 mg (eight 50 mg capsules) taken twice daily, for a total daily dose of 800 mg. Continue treatment until disease progression or unacceptable toxicity.
- For tablets: The recommended dose is 300 mg taken orally twice daily. Continue treatment until disease progression or unacceptable toxicity.
- Do not substitute Lynparza tablets with Lynparza capsules on a milligram-to-milligram basis due to differences in the dosing and bioavailability of each formulation

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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